

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018391

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4566

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY **St. Louis, Mo.**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis, Mo.**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Cardinal Glennon Hospital**

Length of stay in 1b

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Ste. Genevieve**

c. CITY OR TOWN **Ste. Genevieve**

d. STREET ADDRESS (If outside, give location)
Rt. #1

Inside Limits
Yes ☐ No ☐

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Michael Charles Wilson

4. DATE OF DEATH
Month Day Year
4 24 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9/18/55

9. AGE (last birthday)
7 yrs

IF UNDER 1 YEAR
Months Days Hours Min.
7 yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Floyd Wilson

13b. MOTHER'S MAIDEN NAME

Emila Battini

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Floyd M. Wilson, Ste. Genevieve, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Central nervous system tumor

INTERVAL BETWEEN ONSET AND DEATH
14 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

1930

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month Day Year
4:58 a.m. 4/24/63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **April 12, 1963** to **April 24, 1963** and last saw him alive on **April 24, 1963**.
Death occurred at **8:58 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deputy or title)

Norris W. Smith, M.D.

22b. ADDRESS

1465 South Grand

22c. DATE SIGNED

4/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

4-27-63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

Ste. Genevieve, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Jerry Stanton Mortuary, Ste. Genevieve, Mo.

25. DATE RECD. BY LOCAL REG.

APR 25 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Specified - Malignant Brain Tumor

VS 300
Rev. 4/59

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209506

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MAY 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.